

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>FAIR SHARE ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00526673	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>WORK FOR PROGRESS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 05 / 2016</b>	
Mailing Address <b>1543 WAZEE STREET STE 440</b>		Amount <b>93844.18</b>	
City <b>DENVER</b>	State <b>CO</b>	Zip Code <b>80202</b>	Transaction ID : <b>SE.5764</b>
Purpose of Expenditure <b>DOOR TO DOOR VOTER CONTACT</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>93844.18</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<b>93844.18</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wendlandt, Wendy, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 06 / 2016**

Signature